

<i>SERFF Tracking Number:</i>	<i>SFMA-125719763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML-23745</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>ML-23745</i>		
<i>Project Name/Number:</i>	<i>ML-23745/ML-23745</i>		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: ML-23745

SERFF Tr Num: SFMA-125719763 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: ML-23745

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Julie Davis, Ethel Gordon

Disposition Date: 07/03/2008

Date Submitted: 07/03/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: ML-23745

Status of Filing in Domicile: Authorized

Project Number: ML-23745

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/03/2008

State Status Changed: 07/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of endorsement FE-6859 Building Coverage For Tenants. This endorsement will be mandatory and is a coverage enhancement.

FE-6859 Building Coverage For Tenants expands COVERAGE B - BUSINESS PERSONAL PROPERTY to include

SERFF Tracking Number: SFMA-125719763 State: Arkansas
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Liability
Product Name: ML-23745
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buildings and structures as described under COVERAGE A - BUILDINGS if the property pertains to the described premises occupied but not owned by the insured and is the insured's insurance responsibility according to the terms of the lease or rental agreement.

FE-6859 will be attached to the following new and renewal policy forms: FP-6103 Business Policy, FP-6100 Contractors Policy, and FP-6105 Church Policy.

Sincerely,

Thomas Monson, CPCU
Forms Director & Assistant Secretary-Treasurer
(309) 766-2270
tom.monson.apky@statefarm.com

Bob Vandeberg, CPCU
Forms Manager
(309)766-1222
bob.vandeberg.a9dl@statefarm.com

Company and Contact

Filing Contact Information

Bob Vandeberg, bob.vandeberg.a9dl@statefarm.com
One State Farm Plaza (309) 766-1222 [Phone]
Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

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Liability
Product Name: ML-23745
Project Name/Number: ML-23745/ML-23745

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per filing x 1 filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	07/03/2008	21233392

SERFF Tracking Number:	SFMA-125719763	State:	Arkansas
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	Liability		
Product Name:	ML-23745		
Project Name/Number:	ML-23745/ML-23745		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/03/2008	07/03/2008

SERFF Tracking Number:	SFMA-125719763	State:	Arkansas
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	Liability		
Product Name:	ML-23745		
Project Name/Number:	ML-23745/ML-23745		

Disposition

Disposition Date: 07/03/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *SFMA-125719763* *State:* *Arkansas*
Filing Company: *State Farm Fire and Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *ML-23745*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0000 CMP Sub-TOI Combinations*
 Liability
Product Name: *ML-23745*
Project Name/Number: *ML-23745/ML-23745*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Building Coverage for Tenants	Approved	Yes
Form			

SERFF Tracking Number: SFMA-125719763 State: Arkansas

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Company Tracking Number: ML-23745

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability

Product Name: ML-23745

Project Name/Number: ML-23745/ML-23745

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Building Coverage for Tenants	FE-6859		Endorsement/Amendment/Conditions		43.70	FE-6859.pdf FE-6859 SBS.pdf

BUILDING COVERAGE FOR TENANTS

SECTION I PROPERTY COVERAGES

Under **COVERAGE B – BUSINESS PERSONAL PROPERTY** item 3. is replaced by the following:

3. tenant's improvements and betterments, meaning:
 - a. fixtures, alterations, installations or additions:
 - (1) made a part of the building or structure you occupy but do not own; and
 - (2) you acquired or made at your expense but cannot legally remove;
 - b. property as described in **COVERAGE A – BUILDINGS**, if you are a tenant and no limit of insurance is shown in the Declarations for **COVERAGE A – BUILDINGS**. The property must be your insurance responsibility according to the terms of your lease or rental agreement.
- Item a.(3) under **Valuation** of **SECTION I – CONDITIONS** does not apply to paragraph 3.b. above.

All other policy provisions apply.

FE-6859

CURRENT POLICY LANGUAGE	PROPOSED ENDORSEMENT FE-6859	COMMENTS
<p>3. tenant's improvements and betterments, meaning fixtures, alterations, installations or additions:</p> <p>a. made a part of the building or structure you occupy but do not own; and</p> <p>b. you acquired or made at your expense but cannot legally remove.</p>	<p>BUILDING COVERAGE FOR TENANTS</p> <p>SECTION I</p> <p>PROPERTY COVERAGES</p> <p>Under COVERAGE B – BUSINESS PERSONAL PROPERTY item 3. is replaced by the following:</p> <p>3. tenant's improvements and betterments, meaning:</p> <p>a. fixtures, alterations, installations or additions:</p> <p>(1) made a part of the building or structure you occupy but do not own; and</p> <p>(2) you acquired or made at your expense but cannot legally remove;</p> <p>b. <u>property as described in COVERAGE A – BUILDINGS, if you are a tenant and no limit of insurance is shown in the Declarations for COVERAGE A – BUILDINGS. The property must be your insurance responsibility according to the terms of your lease or rental agreement.</u></p> <p><u>Item a.(3) under Valuation of SECTION I – CONDITIONS does not apply to paragraph 3.b. above.</u></p> <p>All other policy provisions apply.</p>	<p>Coverage expanded to include building items which the insured, as a tenant, has a contractual responsibility to insure.</p>

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	<i>Liability</i>		
<i>Product Name:</i>	<i>ML-23745</i>		
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Approved 07/03/2008

Comments:
Attachment:
AR 23745 PC TD-1 - P-C Transmittal Document.pdf

Property & Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		


3. Group Name	Group NAIC #
State Farm Insurance Companies	0176

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5. Company Tracking Number	ML-23745
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Bob VandeBerg State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-1222	(309) 766-0225	bob.vandenberg.a9dl@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director & Assistant Secretary- Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Thomas W. Monson

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0
10. Sub-Type of Insurance (Sub-TOI)	05.0
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Multiple Peril
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14. Effective Date(s) Requested	October 1, 2008 for new business and December 1, 2008 for renewals.
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	July 2, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	ML-23745
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We respectfully request your approval of endorsement FE-6859 Building Coverage For Tenants. This endorsement will be mandatory and is a coverage enhancement.

FE-6859 Building Coverage For Tenants expands COVERAGE B – BUSINESS PERSONAL PROPERTY to include buildings and structures as described under COVERAGE A – BUILDINGS if the property pertains to the described premises occupied but not owned by the insured and is the insured's insurance responsibility according to the terms of the lease or rental agreement.

FE-6859 will be attached to the following new and renewal policy forms: FP-6103 Business Policy, FP-6100 Contractors Policy, and FP-6105 Church Policy.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)